

FILED AUG 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24735**
638

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6042		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Ripley.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Ripley.			
b. CITY OR TOWN Doniphan.		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN Doniphan (Rural).		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi. East of Doniphan.				e. STREET ADDRESS (If rural, give location) 6 mi. East of Doniphan.			
3. NAME OF DECEASED (Type or Print) Antoinette Barbara		a. (First) Antoinette		b. (Middle) Barbara		c. (Last) Wasilewski.	
4. DATE OF DEATH June 26, 1956.		5. SEX Female.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	
8. DATE OF BIRTH Jan. 1881.		9. AGE (In years last birthday) 75.		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 48 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.				10b. KIND OF BUSINESS OR INDUSTRY Housewife.			
11. BIRTHPLACE (City and State or Foreign Country) Poland.				12. CITIZEN OF WHAT COUNTRY? Poland.			
13a. FATHER'S NAME Carl Slow.		13b. MOTHER'S MAIDEN NAME Unknown.		14. NAME OF HUSBAND OR WIFE Wojciech Wasilewski.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Stanley Slow. St. Louis, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma primary breast. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) generalized metastasis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 years. 1 year.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 170X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from May 1953 to June 1956 , that I last saw the deceased alive on June 10, 1956 , and that death occurred at 7:15 pm. from the causes and on the date stated above.							
23a. SIGNATURE Frank Johnson, M.D. (Degree or title)				23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED 6/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE June 29, 1956.		24c. NAME OF CEMETERY OR CREMATORY Pulaski Cemetery.		24d. LOCATION (City, town, or county) Ripley County, Missouri. (State) _____	
DATE REC'D BY LOCAL REG. 7-7-56		REGISTRAR'S SIGNATURE Ch. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE Ray Mesner, Doniphan, Mo. ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 9 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ray Means*

Licensed Embalmer No... *2743*

P. O. Address... *Donipha*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.